Act 264 Flow Chart

Vermont Department of Health Division of Mental Health

Child experiencing a serve emotional disturbance has needs. 1. Needs met? Yes Exit. **→** No Form treatment team. **→** 2. Needs met? Yes Exit. **→** Determine eligibility for Coordinated Service Plan and No **→ →** lead agency contact. 3. Child eligible? No Explore possible referrals. **→** Treatment team develops, writes, and implements Coordinated Yes **→ →** Service Plan. 4. Plan implemented? Yes Exit. **→** No A. need resource information? **→** → consult local or state department specialists Ψ B. need intensive residential placement? → refer to state Case Review Committee [or Education's Residential Review Team] C. lack of service, lack of funding, lack of agreement, or policy difficulty? → refer to Local Interagency Team 5. Plan implemented? Yes Exit. **→** Refer to State Interagency Team. No **→** 6. Plan implemented?

7. Annual review or revision as needed.

→

Exit.

Possible appeal.

Yes

No